



# **PREVENTING VIOLENCE AGAINST WOMEN**

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**PROGRAM ACTIVITIES GUIDE**

## Preventing Violence Against Women

### The Facts

Violence against women includes intimate partner violence, sexual violence, and other forms of violence against women committed by acquaintances or strangers. Victims of violence can experience physical injury; adverse mental health consequences such as depression, anxiety, and low self-esteem; and harmful physical health consequences such as suicide attempts, cardiovascular disease, and substance abuse. These consequences can lead to hospitalization, disability, or death.

Intimate partner violence is actual or threatened physical, sexual, psychological, or emotional abuse by a current or former spouse (including common-law spouse), dating partner, or boyfriend or girlfriend. Intimate partners can be of the same or opposite sex. Women experience more chronic and injurious assaults from intimate partner violence than men.

Sexual violence is a completed or attempted sex act against the victim's will or involving a victim who is unable to consent; abusive sexual contact; and non-contact sexual abuse, including sexual harassment. It is committed by an intimate or non-intimate perpetrator such as a spouse, family member, friend, person in position of power or trust, acquaintance, or stranger. Although there is some overlap between intimate partner violence and sexual violence, sexual violence is committed by a wider range of perpetrators.

According to the National Violence Against Women Survey:

- Approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner each year.
- Nearly two-thirds of women who reported being raped, physically assaulted, or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend, or date.
- 1 of 6 U.S. women and 1 of 33 U.S. men has experienced an attempted or completed rape as a child and/or adult.
- More than half of all rapes of females occur before age 18, and 22% occur before age 12.

### Key Partners

Preventing violence against women requires the support and contributions of many partners: other federal agencies, state and local health departments, non-profit organizations, academic institutions, international agencies, and private industry. Partners help in a variety of ways, including collecting data about violence, learning about risk factors, developing strategies for prevention, and ensuring that effective prevention approaches reach people who need them.

### New Directions

The Centers for Disease Control and Prevention (CDC) is moving the field toward primary prevention and early intervention by exploring ways to prevent violence against women before it can occur. CDC's key activity areas for violence prevention include:

- Surveillance
- Research and development
- Capacity building
- Communication
- Partnership
- Leadership

CDC's violence prevention activities are guided by four key principles:

- An emphasis on primary prevention
- A commitment to advancing the science of prevention
- A focus on translating scientific advances into practical application through effective programs and policies
- A commitment to building on the efforts of others by addressing gaps or needs

Additional information about CDC's programs and activities to prevent violence against women is available at [www.cdc.gov/injury](http://www.cdc.gov/injury).

## Monitoring and Tracking the Problem

### Developing Uniform Definitions and Recommended Data Elements

In 1999, CDC published *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements* to improve and standardize data collected on violence against women. Similar standards for sexual violence, *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*, were published in 2002. Uniform definitions and recommended data elements for both intimate partner violence and sexual violence are important to provide consistency in the use of terminology and standardization in data collection. Consistent data allow researchers to better gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs.

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### Developing State-based Surveillance Systems

CDC funds activities in five states to help monitor and track the problem of intimate partner violence. These activities help states identify existing data sources, recognize opportunities to link data sources, and develop and implement more comprehensive systems for monitoring and tracking the problem. Kentucky and Oklahoma are developing population-based surveillance systems for intimate partner violence that will help determine the magnitude of the problem in population subgroups and compare the resulting data with data from self-report surveys. Michigan, Minnesota, and Oregon are funded to improve state injury surveillance capacity by implementing the *Consensus Recommendations for Injury Surveillance in State Health Departments*, issued in September 1999. The states are supporting the integration of intimate partner violence surveillance systems into existing injury surveillance systems and are continuing to revise and test uniform definitions and data elements.

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### Measuring the Incidence and Prevalence of Intimate Partner Violence and Sexual Violence

With external partners, CDC has developed two surveys to help states better assess the problem of intimate partner violence and sexual violence and resulting injuries. After

pilot testing, the surveys will be optional modules in the Behavioral Risk Factor Surveillance System. The modules will be offered to all states as tools to collect and analyze state-level data. In addition to providing data on the incidence and prevalence of the problem, these surveys will provide knowledge of the related attitudes and norms that allow violence to occur. Data may also be used to compare statistics across states, assess the impact of programs and guide policy development.

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### National Electronic Injury Surveillance System

The National Electronic Injury Surveillance System (NEISS), operated by the U.S. Consumer Product Safety Commission, provides data about all nonfatal injuries treated in U.S. hospital emergency departments. CDC uses NEISS data to generate national estimates of nonfatal injuries, including those related to violence against women.

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### Developing a National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, police, crime labs, and death certificates that could answer important, fundamental questions about trends and patterns in violence. However, the information is fragmented and difficult to access. CDC has funded Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia to establish the National Violent Death Reporting System (NVDRS) to gather, share, and link state-level data about violence. When fully implemented, NVDRS will enable CDC to pull together vital state-level information to gain a more accurate understanding of the problem of violence and to enable policymakers and community leaders to make educated decisions about violence prevention strategies and programs, including those that address violence against women.

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## Assessing Links Between Various Forms of Violence

CDC is developing a study to identify the links between different forms of violent behaviors in adolescents. The study will help scientists understand the prevalence and consequences of different types of aggressive behaviors; the association between dating violence and other forms of peer violence; and the manner in which these types of violent behaviors vary by sex, developmental stage, and other factors.

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## Batterer Case Control Study

CDC is developing a study to assess how issues of power and control contribute to the development of battering behavior. Results of the study will help scientists determine the best way to address issues of power and control in prevention and intervention strategies. Information will be collected from court-mandated male batterers and case-controls at multiple sites across the U.S. to identify characteristics that lead to battering.

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## Developing and Evaluating Prevention Strategies

### Culturally-competent Demonstration Projects

CDC funds 10 projects to prevent intimate partner violence and sexual violence among various racial and ethnic populations, including African Americans, American Indians and Alaska Natives, Hispanic Americans, and Asian Americans and Pacific Islanders. The project staff is developing and evaluating programs for children, victims, and perpetrators; programs to prevent dating violence among school-aged youth; or programs that link victims with community-based service providers. The components of each of the projects vary.

Funded Projects include:

- The University of Arizona, Tucson
- National Asian Women's Health Organization, San Francisco
- RAND Corporation, Santa Monica, California
- University of Texas Health Science Center, Houston
- Latino Community Development Agency, Inc., Oklahoma City
- Turning Point for Families, Hilo, Hawaii
- Commonwealth of Massachusetts Department of Public Health, Boston
- Johns Hopkins University School of Nursing, Baltimore
- Boston Public Health Commission
- St. Luke's-Roosevelt Institute for Health Sciences, New York

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### Social Norms Campaign

CDC is developing a communication campaign to prevent violence against women by changing social norms. In October 2000, formative research began to identify norms that support or discourage intimate partner violence and sexual violence. Through an extensive literature review and expert interviews, CDC identified adolescents in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades as the target audience for the campaign. The intent is to reach this audience with prevention messages before norms and attitudes that support violence against women are firmly established. The research findings will guide the development of a comprehensive campaign with elements that can be implemented at both national and local levels.

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### Violence Against Women Outcome Evaluation Guide

CDC is creating a Violence Against Women Outcome Evaluation Guide to help programs develop and implement outcome evaluations. The guide will provide a clear definition of evaluation research based on CDC guidelines and an overview of the issues to be considered in evaluating violence against women programs.

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## Coordinated Community Responses

Funded in 1999, the Coordinated Community Response (CCR) projects aim to enhance community coalitions, increase services for families and victims of intimate partner violence, and evaluate the impact of CCRs. Although specific program components differ by community, each program involves such activities as risk assessment, community education, and services for victims.

Funded projects include:

- Defensa de Mujeres, Watsonville, California
- Family Violence and Rape Crisis Services, Inc., Pittsboro, North Carolina
- Federated Dorchester, Dorchester, Massachusetts
- Hope House of South Central Wisconsin, Baraboo
- Maine Ambulatory Care Coalition, Manchester
- SafeSpace Foundation, Miami
- San Antonio Safe Family Coalition
- Spokane County Domestic Violence Consortium
- Women's Center, Inc., Marquette, Michigan
- Women's Space, Eugene, Oregon

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## Role of Social Networks in Preventing Violence Against Women

CDC is studying how friends, relatives, and acquaintances can influence the behavior of men and women in abusive situations and how social networks can be used to prevent violence against women. Researchers conducted interviews with women in shelters to identify who helped them to make decisions or assisted them in leaving abusive situations. Men in batterer intervention programs were asked how friends, relatives, and acquaintances influenced their attitudes and behaviors. Results from the study will help direct prevention messages to people in the best position to assist women in leaving abusive situations. Prevention messages may also be developed to target abusive norms and behavior in men.

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## "Green Book" Project

CDC is partnering with other federal agencies to fund six community projects to implement recommendations from the National Council of Juvenile and Family Court Judges. These recommendations, published in *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (called the "Green Book"), are designed to improve the way the court system handles cases of abused women and children, to increase the effectiveness of the child protective system, and to enhance services for victims of domestic violence. Project goals include holding batterers accountable for their actions, increasing protection for victims of abuse, and decreasing the number of children who are removed from their non-abusive mothers.

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## Evaluation Assistance for Projects to Prevent First-time Male Perpetration of Sexual Violence

CDC is providing assistance with evaluation to four projects designed to prevent first-time perpetration of sexual violence by males. This technical assistance is designed to help build capacity for the programs to conduct their own evaluations. The key elements CDC provides are training, coaching and empowerment in the use of evaluation concepts, techniques, and findings to foster program improvement.

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## Domestic Violence Prevention for Latino Families

CDC is exploring the dynamics of domestic violence in Latino immigrant families so it can develop and evaluate a culturally-appropriate family intervention.

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## **Effectiveness of Screening to Prevent Intimate Partner Violence**

CDC is funding a study to determine the effectiveness of routine screening to prevent intimate partner violence among women of reproductive age who access

healthcare services. The study will evaluate the effectiveness of a screening tool for intimate partner violence and of prevention services following screening.

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## **Supporting and Enhancing Prevention Programs**

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### **Rape Prevention and Education Grant Program**

CDC administers and provides technical assistance for the Rape Prevention and Education Grant Program to health departments and sexual assault coalitions. This program supports educational seminars, hotline operations, training programs for professionals, informational materials, and other efforts designed to increase awareness of sexual violence. Through this program, states and territories have implemented prevention and education programs and developed a stronger infrastructure to address sexual violence.

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### **Evaluability Assessment of the Rape Prevention and Education Grant Program**

To enhance the administration and use of the Rape Prevention and Education funding, CDC is assessing how states are allocating the funds and the types of activities the funds are supporting. The primary objectives of this study are to document the intended goals and objectives of the RPE program as it relates to the activities of state health departments and sexual assault coalitions; to assess the allocation mechanisms, uses, and impact of the funds; and to assess the public health needs of states and local programs in terms of knowledge, skills, resources, and barriers to effective implementation.

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### **Violence Against Women Planning and Implementation Cooperative Agreements**

CDC has funded the health agencies in California, Connecticut, District of Columbia, Hawaii, Iowa,

Kentucky, Maine, Marshall Islands, Missouri, New Hampshire, Oregon, Texas, Virginia, and Pueblo of Isleta to plan activities to prevent violence against women. This funding supports assessments of current violence against women prevention efforts and the development of an action plan that documents strategies for sustaining and enhancing those efforts.

CDC is also funding the health departments of Alabama, Arkansas, Georgia, Illinois, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Utah, Vermont, Washington, West Virginia, and Wisconsin to implement state initiatives that address the prevention of violence against women. Recipients of this funding have developed an action plan for the prevention of violence against women and are ready to implement priority activities.

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### **Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)**

CDC is funding 14 state domestic violence coalitions to develop and implement prevention activities that can be integrated into Coordinated Community Responses (CCRs) or similar community-based collaborations. The DELTA program is adding a significant prevention focus to the existing CCR model by funding state domestic violence coalitions who act as intermediary organizations in providing prevention-focused technical assistance, training, and funding to local communities. Funded coalitions are Alaska, California, Delaware, Florida, Kansas, Michigan, Montana, New York, North Carolina, North Dakota, Ohio, Rhode Island, Virginia, and Wisconsin.

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## **DELTA Evaluation**

CDC is funding an evaluation of the DELTA project that complements the state funding. The evaluation includes a nationwide environmental scan to provide a status report on Coordinated Community Response (CCR) operations within each state and an assessment of the

DELTA program's success in developing and disseminating prevention-oriented enhancements within the CCR model.

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## **Providing Prevention Resources**

### **Promising Practices Guide**

CDC is developing a guide to identify promising prevention programs and interventions for batterers. A systematic, evidence-based review of both evaluated and unevaluated programs is being conducted. The guide will describe and summarize recent programs and translate evidence of effectiveness into recommendations for programs.

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### **Violence Against Women Electronic Network**

The Violence Against Women Electronic Network (VAWnet) provides support for the development, implementation, and maintenance of effective violence against women intervention and prevention efforts at national, state, and local levels through electronic communication and information dissemination. VAWnet participants, including state domestic violence and sexual assault coalitions, allied organizations, and individuals, have access to online database resources. Network members are able to engage in information sharing, problem-solving, and issue analysis via electronic mail and a series of issue-specific forums facilitated by nationally recognized experts in the field of violence against women. VAWnet also operates an extensive, searchable electronic library available to the general public. It provides links to external sources, an "In the News" section, and access to articles and audio and video resources focused on intimate partner and sexual violence and related issues.

Website: [www.vawnet.org](http://www.vawnet.org)  
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### **National Sexual Violence Resource Center**

The National Sexual Violence Resource Center (NSVRC) is a clearinghouse of information, resources, and research on all aspects of sexual violence. Activities include collecting, reviewing, cataloging, and disseminating information about sexual violence; coordinating efforts with other organizations; providing technical assistance and customized information; and maintaining a website. The website features links to important sexual assault resources and information about upcoming conferences, funding opportunities, job announcements, research, and special events. The NSVRC also produces a biannual newsletter, recommends speakers for conferences, coordinates national sexual assault awareness activities, and identifies emerging policy issues and research needs. The NSVRC serves coalitions, local rape crisis centers, government and tribal entities, colleges and universities, service providers, researchers, allied organizations, policymakers, and the general public. Contact NSVRC toll free at 877-739-3895.

Website: [www.nsvrc.org](http://www.nsvrc.org)  
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### **National Sexual Violence Prevention Conference**

CDC convened the second National Sexual Violence Prevention Conference in May 2001, in Chicago. The conference, attended by more than 800 professionals, strengthened communication and partnerships to prevent sexual violence. CDC is planning a third national conference May 25–28, 2004, in Los Angeles.

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## National Violence Against Women Prevention Research Center

The National Violence Against Women Prevention Research Center advances prevention research and fosters collaboration among advocates, practitioners, policymakers, and researchers working to prevent violence against women. The center serves as a clearing-house for prevention strategies by keeping researchers

and practitioners aware of training opportunities, policy decisions, and recent research findings on violence against women.

Website: [www.vawprevention.org](http://www.vawprevention.org)  
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## Encouraging Research and Development

*CDC's extramural research program funds and monitors a variety of research on violence and injury prevention.*

### Readiness to Change Among Batterers

Researchers at the University of Maryland are assessing readiness to change and treatment compliance among male batterers in six mandatory batterer programs.

Pamela C. Alexander, Ph.D. 301-405-5892

### Longitudinal Study of Battered Women

Georgetown University Medical Center is conducting a study of battered women to look at patterns of recurrence, appraisal of risk, physical well-being, employment, and general well-being over time.

Mary Ann Dutton, Ph.D. 202-687-1997

### Risk for Perpetration of Violence

Researchers at the State University of New York at Stony Brook are assessing the association between child maltreatment and family violence and the perpetration of partner violence in adult relationships.

Richard E. Heyman, Ph.D. 631-632-7857

### Justice System Response to Partner Violence

Researchers at Harborview Medical Center are reviewing cases of intimate partner violence reported to the Seattle Police Department to determine the effects of sanctions on future episodes of violence.

Victoria L. Holt, Ph.D., M.P.H. 206-521-1244

### Domestic Violence and Child Maltreatment

Researchers at Grady Health System are examining individual, socioeconomic, and environmental factors and the link between partner violence and child maltreatment in low-income, African-American communities.

Nadine Kaslow, Ph.D. 404-616-4757

### Effects of Violence on Health

Researchers at the Medical University of South Carolina are examining the effect of violent assault history and adverse family environments on leading health indicators.

Dean Kilpatrick, Ph.D. 843-792-2945

### Risk and Protective Factors for Violence

Researchers at Michigan State University are studying the risk factors that lead to continued domestic violence and its affect on children.

Alytia Levendosky, Ph.D. 517-353-6396

### Reducing Interpersonal Violence

Johns Hopkins University is exploring the relationship between multiple levels of risk and protective factors and intimate partner violence.

Patricia O'Campo, Ph.D. 410-502-5448

### Intimate Partner and Sexual Violence in Urban Settings

Researchers at the Education Development Center are documenting gender differences in the prevalence of intimate partner/sexual violence among African-American men and women living in an urban setting.

Lydia O'Donnell, Ed.D. 617-969-7100

### Intimate Partner Violence in a Rural and Ethnic Community

Researchers at Colorado State University are examining moderating and mediating factors for intimate partner violence in rural and minority communities.

Pamela Thurman-Jumper, M.S., Ph.D. 970-491-0251